

VITAL STATISTICS.

HEALTH OF ENGLISH TOWNS.

IN twenty-eight of the largest English towns 6112 births and 3385 deaths were registered during the week ending Aug. 15th. The annual rate of mortality in these towns, which had been 19.6 and 19.1 per 1000 in the preceding two weeks, further declined to 18.8 last week. The rate was 20.1 in London and 17.7 in the twenty-seven provincial towns. During the past six weeks of the current quarter the death-rate in the twenty-eight towns averaged 18.2 per 1000, and was considerably below the mean rate in the corresponding periods of the ten years 1881-90. The lowest rates in these towns last week were 12.1 in Derby, 12.9 in Norwich, 13.0 in Portsmouth, and 13.6 in Bristol; the highest rates were 21.1 in Liverpool, 21.7 in Bolton, 24.2 in Sunderland, and 28.5 in Preston. The deaths referred to the principal zymotic diseases, which had been 653 and 622 in the preceding two weeks, further declined last week to 601; they included 382 from diarrhoea, 96 from whooping-cough, 39 from measles, 34 from diphtheria, 26 from "fever" (principally enteric), 24 from scarlet fever, and not one from small-pox. The lowest death-rates from these diseases were recorded in Bristol, Derby, Oldham, and Norwich; and the highest in Leeds, Sunderland, Leicester, and Preston. The greatest mortality from measles occurred in Cardiff and Sunderland; from whooping-cough in Newcastle-upon-Tyne, Cardiff, and Plymouth; from "fever" in Halifax; and from diarrhoea in Leeds, Wolverhampton, Sunderland, Leicester, and Preston. The mortality from "fever" showed no marked excess in any of the twenty-eight large towns. The 34 fatal cases of diphtheria included 22 in London, 6 in Salford, and 3 in Manchester. No death from small-pox was registered in any of the twenty-eight towns; and no small-pox patients were under treatment either in the Metropolitan Asylum Hospitals or in the Highgate Small-pox Hospital on Saturday last. The number of scarlet fever patients in the Metropolitan Asylum Hospitals and in the London Fever Hospital at the end of the week was 924, against numbers increasing from 857 to 920 at the end of the preceding five weeks; the patients admitted during the week were 104, against 121 and 74 in the previous two weeks. The deaths referred to diseases of the respiratory organs in London, which had been 173 and 191 in the preceding two weeks, declined again to 185 last week, and almost corresponded with the average. The causes of 71, or 2.1 per cent., of the deaths in the twenty-eight towns were not certified either by a registered medical practitioner or by a coroner. All the causes of death were duly certified in Portsmouth, Salford, Sunderland, and in four other smaller towns; the largest proportions of uncertified deaths were recorded in Birkenhead, Halifax, Liverpool, and Derby.

HEALTH OF SCOTCH TOWNS.

The annual rate of mortality in the eight Scotch towns, which had declined in the preceding four weeks from 18.9 to 15.9 per 1000, rose again to 17.2 during the week ending Aug. 15th, but was 1.6 below the mean rate that prevailed during the same period in the twenty-eight large English towns. The rates in the eight Scotch towns ranged from 12.6 in Leith and 13.2 in Aberdeen to 18.3 in Dundee and 19.9 in Glasgow. The 442 deaths in these towns showed an increase of 32 upon the number in the preceding week, and included 41 which were referred to diarrhoea, 8 to whooping-cough, 6 to scarlet fever, 6 to "fever," 4 to diphtheria, 3 to measles, and not one to small-pox. In all, 68 deaths resulted upon these principal zymotic diseases, against 61 and 50 in the preceding two weeks. These 68 deaths were equal to an annual rate of 2.6 per 1000, which was 0.7 below the mean rate from the same diseases in the twenty-eight English towns. The fatal cases of diarrhoea, which had been 21 and 19 in the preceding two weeks, rose again last week to 41, of which 27 occurred in Glasgow and 6 in Greenock. The deaths from whooping-cough, which had been 17 and 14 in the previous two weeks, further declined to 8 last week, and included 5 in Glasgow. The 6 fatal cases of scarlet fever showed a slight further increase upon recent weekly numbers, and included 5 in Glasgow. The 6 deaths referred to "fever" exceeded those recorded in either of the preceding two weeks; and of the

4 fatal cases of diphtheria, 3 occurred in Edinburgh. The deaths referred to diseases of the respiratory organs in these towns, which had declined from 80 to 60 in the preceding three weeks, further fell last week to 54, and were 13 below the number in the corresponding week of last year. The causes of 47, or nearly 11 per cent., of the deaths in the eight towns last week were not certified.

HEALTH OF DUBLIN.

The death-rate in Dublin, which had declined from 21.2 to 16.5 per 1000 in the preceding three weeks, rose again to 22.8 during the week ending Aug. 15th. During the past six weeks of the current quarter the death-rate in the city averaged 19.0 per 1000, the rate for the same period being 18.8 in London and 15.0 in Edinburgh. The 156 deaths in Dublin during the week under notice showed an increase of 43 upon the number in the preceding week, and included 8 which were referred to diarrhoea, 6 to whooping-cough, 2 to "fever," and not one either to small-pox, measles, scarlet fever, or diphtheria. In all, 16 deaths resulted from these principal zymotic diseases, equal to an annual rate of 2.3 per 1000, the zymotic death-rate during the same period being 3.7 in London and 1.0 in Edinburgh. The fatal cases of diarrhoea, which had been 1 in each of the preceding two weeks, rose to 8 last week. The deaths referred to whooping-cough, which had been 4 in each of the previous two weeks, increased to 6 last week. The two fatal cases of "fever" exceeded those recorded in recent weeks. The 156 deaths in Dublin included 20 of infants under one year of age, and 40 of persons aged upwards of sixty years; the deaths of infants differed but slightly from those recorded in recent weeks, while those of elderly persons showed a marked excess. Two inquest cases and 1 death from violence were registered during the week, and 60, or nearly 40 per cent., of the deaths occurred in public institutions. The causes of 13, or more than 8 per cent., of the deaths in the city were not certified.

Correspondence.

"Audi alteram partem."

AN EPIDEMIC OF ECZEMA.

To the Editors of THE LANCET.

SIRS,—In your issues of August 1st and 8th Dr. Savill and Dr. Colcott Fox draw attention to an epidemic of "eczema or some disease which in its appearance and symptoms bears a very strong resemblance to that eruption," at present existing in the infirmaries of Paddington and Marylebone. As St. Mary's Hospital is situated in the same district of London I think it important to record the fact that in my ward for male patients there have occurred during the last few weeks four cases of an anomalous eruption, of a more or less eczematous type, but mainly papular or erythematous in character, of acute onset, yet for the most part without pyrexia, rapidly spreading by implication of new areas, causing moderate but not severe irritation, and ending in a week or ten days with desquamation of large flakes of epidermis, reminding one of scarlatina. The first case was that of a patient who had been tracheotomised, and the eruption first appeared as an erythematous area around the wound on June 11th. A few days after this papules appeared on the cheeks, and the limbs and trunk became similarly affected. No rise of temperature occurred. Desquamation commenced on the 22nd.

The second case occurred a month later in a patient who had been in the hospital since April 30th suffering from adherent pericardium and dilated heart, with dropsy. The distension of the skin had been so severe as to cause numerous "lineæ atrophicæ," and on July 6th it was noticed that all these were red, while the skin around them was normal. Very soon afterwards a papulo-erythematous rash appeared on the dorsum of the feet. In this case Southey's tubes had been inserted near each ankle, but the eruption did not commence in the immediate neighbourhood of the punctures. The rash quickly spread up the thighs, involving large areas, but not the whole, of the surface, and afterwards reached the trunk and the face. On the trunk the eruption much resembled that of measles. There was no coryza or

sore throat. Free desquamation commenced on July 15th. No rise of temperature took place, and the rash vanished entirely, but desquamation over the soles was slowly effected. Although this patient was severely ill, and has continued gradually to grow worse, it did not appear that the eruption at all added to the gravity of his condition.

The third case occurred in a patient admitted for alcoholism. The rash was mainly papular. It was first observed, on July 19th, on the face, neck, and arms, whence it spread to the trunk and lower limbs. Desquamation commenced on the 23rd. The patient seemed in no way affected by the eruption, and left the hospital on the 24th.

The fourth, and most severe, case occurred on July 27th. The patient was a man of fifty-five, with a dilated heart; admitted on July 14th. Under treatment he had considerably improved, and his cardiac dulness diminished. On the 29th a papulo-erythematous rash was found on his lower limbs, which he said had first appeared on his feet two days earlier. A large erythematous area occupied the front and inner side of each thigh, quite symmetrically. His face was somewhat reddened, but without distinct papules. The temperature was 99°. It remained at this level on the 30th, but rose to 99.2° and 101° on the 31st. On Aug. 1st I found distinct papules on the cheeks, and a considerable sprinkling of red spots on the trunk. The erythematous areas on the thighs and feet were now covered with small vesicles, with slightly turbid contents. The temperature was 100°. The rash continued to spread during the next day or two, but no more vesication occurred. The vesicles soon ruptured, with the exception of those on the feet, which increased in size. The greater part of the trunk became covered with the erythematous rash, but subsidence and desquamation had commenced on the 4th. The patient was evidently feeble. On the 5th his temperature rose to 102°, with increasing feebleness, and it continued at the same height till his death the next day. Post-mortem examination showed much dilatation and hypertrophy of the heart, which weighed 21 oz., but without any valvular lesion; kidney slightly granular. In this case it seemed as if the eruption was the determining cause of death, as the patient had considerably improved under treatment. It was the most severe of the four, and the only one in which vesication occurred. All four occurred in the same ward, and no others have been observed in the hospital. Whatever be their nature they seem clearly to belong to the type described by Dr. Savill.—I am, Sirs, yours truly,

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HUMAN AND ANIMAL LYMPH.

To the Editors of THE LANCET.

SIRS,—Under the heading "Human or Animal Lymph," Brigade Surgeon Pringle, M.D., is very severe on the advocates of lymph, direct and indirect, from the calf. It is some years since I strongly advocated in the columns of THE LANCET and elsewhere the general use of calf lymph, and I have used it extensively both in my own and other men's practices since. During the last two years I have had an opportunity of testing the value of the "arm-to-arm" system as public vaccinator, and have come to the conclusion: (1) That "animal lymph," in tubes or on lancet-shaped ivory points, will keep for a considerable time, amounting to weeks, if not months; (2) that I have never had an accident, and seldom a failure (not 2 per cent.), with calf lymph; (3) that I never touch the vesicles, and give strict instructions to the mother on no account to "touch" or "wet," or otherwise interfere with "the arm" before or after inspection. I generally made the necessary scratches with the point, carrying the lymph as recommended by the late Dr. Martin of Boston. The vesicles are, as a rule, well formed and mature on the ninth or tenth day, which is somewhat later than the "arm-to-arm" system. The crusts usually adhere for twenty-one days and scale off several times before the resulting scar is exposed, the latter being well marked and depressed. The child seldom loses a night's sleep, and erysipelas and axillary abscess are most exceptional. Now, can all this be said of "arm-to-arm" vaccination? I think not. I admit at once its conveniences, as nothing is easier than to choose your

vaccinifer by the rough-and-ready choice of visual diagnosis; nor is the method a bad one if duly supplemented by the mother's statements as to the health of the baby and the "other babies" at home. For this reason a first baby is not so reliable as a vaccinifer. But how often do we find among a score or more babies scarcely one whose arm is reliable as a source of immediate supply? In that case the best looking is taken, and perhaps a dozen or more are vaccinated from this questionable source. It is so very convenient! It is under these circumstances that stored lymph is so valuable, and, indeed, necessary, and Dr. Pringle has not demonstrated that "stored" human lymph is better than "stored" calf lymph. Is he prepared to say that the "crust" of a calf lymph vesicle "scientifically used" (an expression I fail to understand) is of more value than stored calf lymph, the crust being the last stage of the vesicle; and that "stored" human lymph is better than both? As to scraping or compressing the vesicles on the calf's abdomen or the matured vesicles on a child's arm, I believe the one to be as mythical as the other. Certainly, Dr. Warlomont of Brussels, whom I saw operate on the calf some years since, did nothing of the sort; and is there a mother in England who would allow such a thing? I question it. The custom may prevail in India, where the natives are, I understand, less thin-skinned. As direct results of arm-to-arm vaccination, I have seen ugly accidents. Unless obliged, I will not enumerate them. Most depend on the vaccinifer, but part are due to the vaccinator and his methods, including dirty hands and instruments, and carelessness before and after the maturation of the "pocks," the mother in this respect being very faulty. Our future aim should be aseptic vaccination, and whether this is best obtained by certain devices extensively advertised, or by non-interference with the vesicle, is a question to be decided. For, after all, it is the septic condition of the vesicle, however induced, which is to blame for accidents, rather than the lymph itself. Dr. Pringle has been kind enough to denounce our ignorance—our "appalling ignorance"—of "practical vaccination"; but he must go a step further, and tell us, who are willing to be taught, how to avoid the "accidents" which we all deplore. I refrain from entering into the unsettled question of comparative immunity.

I am, Sirs, yours obediently,

London, Aug. 17th, 1891. ALEX. MCCOOK WEIR, M.D. &c.

EFFECTS OF AN OVERDOSE OF CANNABIS INDICA.

To the Editors of THE LANCET.

SIRS,—The following experience of an overdose of cannabis indica may interest some of your readers.

A chemist supplied me with twelve pills, each supposed to contain half a grain of the extract of cannabis indica. I took one about noon, and about half-past one I had lunch without alcohol in any form. Soon after this, while arranging a few photographs, I found myself much puzzled at what I was doing, and, though the photographs were numbered according to a list, I got utterly bewildered among them. The symptoms thereupon became established and lasted till about 7 P.M.—that is to say, for about five hours. They were characterised by absolute forgetfulness of the thought, or speech, or act of the previous moment. I would, for example, be startled by hearing, as it were, the echo of the last words of a sentence I had just spoken without knowing what it was about; or, having proposed to go for a walk, I would meet my companion at the street-door and wonder why we were there. These symptoms came on in bouts, which lasted a few minutes, and were separated by periods fairly free from them. The first two or three bouts were separated by intermissions of about a quarter of an hour; the intermissions then increased to half an hour, three-quarters of an hour, and an hour, as the symptoms subsided. There was no unusual or unpleasant feeling in the head, or any exaltation of spirits; but, except for the blanks of forgetfulness, a perfectly clear mind, which rendered the symptoms none the less alarming. Though memory failed from sentence to sentence, thought to thought, and act to act, it was quite clear as to what had been happening during the afternoon in question, so that now, three weeks later, I can remember all the occurrences of the afternoon on which the symptoms were present. I may add that, while affected by the drug, my